JAN 1 7 2001

TRANSMITTAL FORM

09/473,394

December 28, 1999

PTO/SB/21 (12/97)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application No.

Filing Date

(to be used for all correspondence after initial filing)			First Named Inventor	Kaiz	ad R. Mistry				
			Group Art Unit	2811					
			Examiner Name	Kang	g, D.				
Total Number of Pages in This Submission 5			Attorney Docket Number	er 4239	0P6892				
ENCLOSURES (check all that apply)									
Fee Transmittal Form		Assignment Papers (for an Application)			After Allowance Communication to Group				
Fee Attached		Drawing(s)			Appeal Communication to Board of Appeals and Interferences				
Amendment / Response		Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
☐ After Final ☐ Affidavits/declaration(s)		Petition Routing Slip (PTO/SB/69) and Accompanying Petition			Proprietary Information 2001				
Extension of Time Request		To Convert a Provisional Application			Status Letter				
Express Abandonment Request		Power of Attorney, Revocation Change of Correspondence Address			Additional Enclosure(s) (please identify below):				
☐ Information Disclosure Statement		Terminal Disclaimer							
Certified Copy of Priority Document(s)		Small Entity Statement							
Response to Missing Parts/ Incomplete Application		Request for Refund							
Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks							
	SIGNATURE	OF APPLICAN	IT, ATTORNEY, OR A	AGENT					
Firm	Donna Jo Coningsby, Reg. No. 41,684								
<i>or</i> Individual name	BLAKELY, S	OKOLOFF,	TAYLOR & ZAF	MAN I	LLP				
Signature	Donna	Le Connaple							
Date	January 10, 20	001							
CERTIFICATE OF MAILING/TRANSMISSION									
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: January 10, 2001									
Typed or printed name Mark W. Baugher									
Signature 7/1/		D			January 10, 2001				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ار العام ال

JAH 1 7 2001 2

Hanrie

110.00

PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known
09/473,394
December 28, 1999
Kaizad R. Mistry
Kang, D.
2811
42390P6892

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)								
The Commissioner is hereby authorized to credit any overpayments to:	3. ADDI	TIONAL FI	ĔĔ						
Deposit	Large Entity	Small Enti	ty						
Account Number 02-2666	Fee Fee	Fee Fee		Description		Fee Paid			
Deposit		Code (\$)							
Account Name Blakely, Sokoloff, Taylor & Zafman LLP	105 130 127 50		Surcharge - late Surcharge - late						
Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16,1.17, 1.18 and 1.20.	400 400	400 400	cover sheet.	-:64:					
••	139 130 147 2,520		Non-English spe For filing a reque		nination				
Applicant claims small entity status. See 37 CFR 1.27.	112 920*	-	*Requesting publ						
O. Ed. Daymant Caslandi			Examiner action						
2. Payment Enclosed: Money Money Conditioned District Conditions of the Conditioned District Conditions of the Conditio	113 1,840*	113 1,840	*Requesting publ		after				
Check Credit card Order Other	115 110	215 55	Examiner action Extension for res		first month	110.00			
FEE CALCULATION	116 390		Extension for res	•					
1. BASIC FILING FEE	117 890		Extension for re	•					
Large Entity Small Entity	118 1.390		Extension for res	•					
Fee Fee Fee Fee Description Fee Paid	128 1,890		Extension for res		()				
Code (\$) Code (\$)	119 310		Notice of Appea		<u>ت</u> د	-70-			
101 710 201 355 Utility filing fee	120 310		Filing a brief in s		appeal Z				
106 320 206 160 Design filing fee	121 270		Request for oral			<u>유</u>			
107 490 207 245 Plant filing fee	138 1,510		Petition to institu	•	- 1	V			
108 710 208 355 Reissue filing fee	140 110	-	Petition to medice	•		<u> </u>			
114 150 214 75 Provisional filing fee	141 1,240		Petition to revive		C				
SUBTOTAL (1) (\$)	141 1,240		Utility issue fee		00				
2 EVERA CLAIM FEEC	142 1,240		Design issue fee	•	io _M				
2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid	144 600		Plant issue fee	•					
Total Claims 9 - 22 = X 18.00 = 0	122 130		Petitions to the	Commissione					
Independent 3 0 0 00 00 00 00 00 00 00 00 00 00 00	123 130		Petitions related			_			
Claims 3 6 80.00 8 80.00 8 Multiple Dependent	126 180		Submission of Ir	•	• •				
	581 40		Recording each						
**or number previously paid, if greater, For Reissues, see below Large Entity Small Entity	301 40	301 40	property (times i		•				
Fee Fee Fee Fee Description	146 710	246 355	Filing a submiss						
Code (\$) Code (\$)			(37 CFR 1.129(a						
103 18 203 9 Claims in excess of 20	149 710	249 355	For each additio		to be				
102 80 202 40 Independent claims in excess of 3	179 710	279 355	examined (37 C Request for Con		nation (RCE)				
104 260 204 135 Multiple Dependent claim, if not paid	169 900		Request for expe		, ,				
109 80 209 40 **Reissue independent claims over original patent	1 .00 300		of a design appli						
110 18 210 9 **Reissue claims in excess of 20	Other fee (spec				 				
and over original patent	Other fee (spec	-							
SUBTOTAL (2) (\$)	*Reduced by Basi	ic Filing Fee P	aid SU	IBTOTAL (3)	(\$)	110.00			
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) Donna Jo Coningsby	Registratio (Attorney/Agei		41,684	Telephone	(503) 684	-6200			
Signature		<u></u> J		0.41	01/10	/01			
Signature VI)	$\gamma l b \dots$			Date	01/10	/UI			